COLORWATCH

The AAM Safety Information and Adverse Event Reporting Program

For VOLUNTARY reporting of adverse (migration) or allergic reactions to pigments used in permanent makeup.
Mail to: PARR, 1087 Keolu Drive, Kailua, HI 96734

CmptID DClient ID

PARR: Pigment Adverse Reaction Report

A. Technician Information / Identifier

B. Patient (Client) Information

Name Age Sex

Doctors(s) Name(s) / Phone Number (s) / Specialty

C. Location of Adverse Reaction: (check all that apply)

❑ Eyebrow ❑ Lips ❑ Cheeks
❑ Eyeliner ❑ Breast ❑ Body (below neck)

D. Sensitivity "Spot" Test: (check all that apply)

❑ Yes ❑ Positive ❑ Waived
❑ No ❑ Negative ❑ Location:

E. Description of Adverse Reaction: (check all that apply)

❑ Pain ❑ Bleeding ❑ Burning
❑ Swelling/Fluid ❑ Dryness/Flaking ❑ Tender to touch
❑ Skin Raised/ Puff Paint ❑ Bumps in skin ❑ Scabbing
❑ Cracking ❑ Itching ❑ Infection
❑ Migration

Describe Event or Problem: Send Pictures if Possible

F. Reported To: (check all that apply)

❑ Manufacturer ❑ Distributor ❑ FDA ❑ AAM

❑ **Check this box if you do NOT want your identity disclosed to the manufacturer**

Type Phone Number Date

Home _____ _____

Work _____ Time

E-mail _____ _____

G. Suspected Pigment(s) / Inks: (list each pigment used)

Manufacturer	Type	Color	Site	Lot#

H. Relevant Test / Biopsies / Lab Data (including dates)

❑ Scratch Test Positive ❑ Granuloma with pigment
❑ Tissue Biopsy (Punch Biopsy) ❑ Other: _____
❑ Dr. Diagnosis (no biopsy) _____

I. Treatments Attempted: (check all that apply)

❑ Kenalog® Injection Into Area ❑ Decadron Ophthalmic
❑ Overtattoo: Kenalog® ❑ Cortisone Pills/Shots
❑ Overtattoo: Salt Solution ❑ Surgery
❑ Overtattoo: Chemicals (acids) ❑ Dermabrasion
❑ Protopic (Elidel) or **Aldara®** ❑ Laser: LP Erbium or CO2
❑ Cream: Steroid or Kenalog® ❑ Laser: Other (describe)

J. Current Status: (check all that apply)

❑ Undergoing Treatment ❑ Lawsuit v. Technician
❑ Disability ❑ Lawsuit v. Manufacturer
❑ Disfigurement ❑ Reported to Insurance Co.
❑ Problem better ❑ Other (Describe)
❑ Problem worse _____
❑ Problem Ongoing _____

K. Final Diagnosis and Outcome

L. Reporter (check all that apply)

Reporter Name Phone

Reporter Address

City State Zip

M. Health Care Professional

❑ Yes ❑ No _____
Occupation